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**HOUSE BILL NO. 2468**

Offered January 13, 2025

Prefiled January 8, 2025

*A BILL to amend and reenact §§ 8.01-225, 22.1-274.4:1, 32.1-127, as it is currently effective and as it shall become effective, 54.1-2722, 54.1-3041 and 54.1-3042, as they shall become effective, 54.1-3408, 54.1-3466, and 54.1-3467 of the Code of Virginia and amending the fourth and fifth enactments of Chapter 284 of the Acts of Assembly of 2024, relating to advanced registered medication aides.*

Patron—Henson

Referred to Committee on Health and Human Services

**Be it enacted by the General Assembly of Virginia:**

**1. That §§ 8.01-225, 22.1-274.4:1, 32.1-127, as it is currently effective and as it shall become effective, 54.1-2722, 54.1-3041 and 54.1-3042, as they shall become effective, and 54.1-3408, 54.1-3466, and 54.1-3467 of the Code of Virginia and the fourth and fifth enactments of Chapter 284 of the Acts of Assembly of 2024 are amended and reenacted as follows:**

**§ 8.01-225. Persons rendering emergency care, obstetrical services exempt from liability.****A. Any person who:**

1. In good faith, renders emergency care or assistance, without compensation, to any ill or injured person (i) at the scene of an accident, fire, or any life-threatening emergency; (ii) at a location for screening or stabilization of an emergency medical condition arising from an accident, fire, or any life-threatening emergency; or (iii) en route to any hospital, medical clinic, or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance. For purposes of this subdivision, emergency care or assistance includes the forcible entry of a motor vehicle in order to remove an unattended minor at risk of serious bodily injury or death, provided the person has attempted to contact a law-enforcement officer, as defined in § 9.1-101, a firefighter, as defined in § 65.2-102, emergency medical services personnel, as defined in § 32.1-111.1, or an emergency 911 system, if feasible under the circumstances.

2. In the absence of gross negligence, renders emergency obstetrical care or assistance to a female in active labor who has not previously been cared for in connection with the pregnancy by such person or by another professionally associated with such person and whose medical records are not reasonably available to such person shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care or assistance. The immunity herein granted shall apply only to the emergency medical care provided.

3. In good faith and without compensation, including any emergency medical services provider who holds a valid certificate issued by the Commissioner of Health, administers epinephrine in an emergency to an individual shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if such person has reason to believe that the individual receiving the injection is suffering or is about to suffer a life-threatening anaphylactic reaction.

4. Provides assistance upon request of any police agency, fire department, emergency medical services agency, or governmental agency in the event of an accident or other emergency involving the use, handling, transportation, transmission, or storage of liquefied petroleum gas, liquefied natural gas, hazardous material, or hazardous waste as defined in § 10.1-1400 or regulations of the Virginia Waste Management Board shall not be liable for any civil damages resulting from any act of commission or omission on his part in the course of his rendering such assistance in good faith.

5. Is an emergency medical services provider possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance, whether in person or by telephone or other means of communication, without compensation, to any injured or ill person, whether at the scene of an accident, fire, or any other place, or while transporting such injured or ill person to, from, or between any hospital, medical facility, medical clinic, doctor's office, or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment, or assistance, including but in no way limited to acts or omissions which involve violations of State Department of Health regulations or any other state regulations in the rendering of such emergency care or assistance.

6. In good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether at the scene of a fire, an

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59 accident, or any other place, or while transporting such person to or from any hospital, clinic, doctor's office,  
60 or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures  
61 and shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative  
62 treatments or procedures.

63 7. Operates an AED at the scene of an emergency, trains individuals to be operators of AEDs, or orders  
64 AEDs, shall be immune from civil liability for any personal injury that results from any act or omission in the  
65 use of an AED in an emergency where the person performing the defibrillation acts as an ordinary,  
66 reasonably prudent person would have acted under the same or similar circumstances, unless such personal  
67 injury results from gross negligence or willful or wanton misconduct of the person rendering such emergency  
68 care.

69 8. Maintains an AED located on real property owned or controlled by such person shall be immune from  
70 civil liability for any personal injury that results from any act or omission in the use in an emergency of an  
71 AED located on such property unless such personal injury results from gross negligence or willful or wanton  
72 misconduct of the person who maintains the AED or his agent or employee.

73 9. Is an employee of a school board or of a local health department approved by the local governing body  
74 to provide health services pursuant to § 22.1-274 who, while on school property or at a school-sponsored  
75 event, (i) renders emergency care or assistance to any sick or injured person; (ii) renders or administers  
76 emergency cardiopulmonary resuscitation (CPR); cardiac defibrillation, including, but not limited to, the use  
77 of an automated external defibrillator (AED); or other emergency life-sustaining or resuscitative treatments or  
78 procedures that have been approved by the State Board of Health to any sick or injured person; (iii) operates  
79 an AED, trains individuals to be operators of AEDs, or orders AEDs; (iv) maintains an AED; or (v) renders  
80 care in accordance with a seizure management and action plan pursuant to § 22.1-274.6, shall not be liable for  
81 civil damages for ordinary negligence in acts or omissions on the part of such employee while engaged in the  
82 acts described in this subdivision.

83 10. Is a volunteer in good standing and certified to render emergency care by the National Ski Patrol  
84 System, Inc., who, in good faith and without compensation, renders emergency care or assistance to any  
85 injured or ill person, whether at the scene of a ski resort rescue, outdoor emergency rescue, or any other place  
86 or while transporting such injured or ill person to a place accessible for transfer to any available emergency  
87 medical system unit, or any resort owner voluntarily providing a ski patroller employed by him to engage in  
88 rescue or recovery work at a resort not owned or operated by him, shall not be liable for any civil damages for  
89 acts or omissions resulting from the rendering of such emergency care, treatment, or assistance, including but  
90 not limited to acts or omissions which involve violations of any state regulation or any standard of the  
91 National Ski Patrol System, Inc., in the rendering of such emergency care or assistance, unless such act or  
92 omission was the result of gross negligence or willful misconduct.

93 11. Is an employee of (i) a school board, (ii) a school for students with disabilities as defined in §  
94 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as  
95 administered by the Virginia Council for Private Education and is authorized by a prescriber and trained in  
96 the administration of insulin and glucagon, who, upon the written request of the parents as defined in § 22.1-1  
97 , assists with the administration of insulin or, in the case of a school board employee, with the insertion or  
98 reinsertion of an insulin pump or any of its parts pursuant to subsection B of § 22.1-274.01:1 or administers  
99 glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or  
100 for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for  
101 any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment  
102 if the insulin is administered according to the child's medication schedule or such employee has reason to  
103 believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening  
104 hypoglycemia. Whenever any such employee is covered by the immunity granted herein, the school board or  
105 school employing him shall not be liable for any civil damages for ordinary negligence in acts or omissions  
106 resulting from the rendering of such insulin or glucagon treatment.

107 12. Is an employee of a public institution of higher education or a private institution of higher education  
108 who is authorized by a prescriber and trained in the administration of insulin and glucagon, who assists with  
109 the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires  
110 insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia  
111 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the  
112 rendering of such treatment if the insulin is administered according to the student's medication schedule or  
113 such employee has reason to believe that the individual receiving the glucagon is suffering or is about to  
114 suffer life-threatening hypoglycemia. Whenever any employee is covered by the immunity granted in this  
115 subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or  
116 omissions resulting from the rendering of such insulin or glucagon treatment.

117 13. Is a school nurse, an employee of a school board, an employee of a local governing body, or an  
118 employee of a local health department who is authorized by a prescriber and trained in the administration of  
119 epinephrine and who provides, administers, or assists in the administration of epinephrine to a student

believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

14. Is an employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education, or an employee of a private school that is accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the school shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

15. Is an employee of a public institution of higher education or a private institution of higher education who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a student believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the institution shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

16. Is an employee of an organization providing outdoor educational experiences or programs for youth who is authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a participant in the outdoor experience or program for youth believed in good faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment. Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration or assistance.

17. Is an employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of Title 35.1, is authorized by a prescriber and trained in the administration of epinephrine, and provides, administers, or assists in the administration of epinephrine to an individual believed in good faith to be having an anaphylactic reaction on the premises of the restaurant at which the employee is employed, or is the prescriber of the epinephrine, shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

18. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services, who has been trained in the administration of insulin and glucagon and who administers or assists with the administration of insulin or administers glucagon to a person diagnosed as having diabetes who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia in accordance with § 54.1-3408 shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered in accordance with the prescriber's instructions or such person has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person who provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services is covered by the immunity granted herein, the provider shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

19. Is an employee of a provider licensed by the Department of Behavioral Health and Developmental Services, or provides services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services, who has been trained in the administration of epinephrine and who administers or assists in the administration of epinephrine to a person believed in good faith to be having an anaphylactic reaction in accordance with the prescriber's instructions shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

20. In good faith prescribes, dispenses, or administers naloxone or other opioid antagonist used for overdose reversal in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if acting in accordance with the provisions of subsection ~~X~~ Y or ~~Y~~ Z of § 54.1-3408 or in his role as a member of an emergency medical services agency.

21. In good faith administers naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose in accordance with the provisions of subsection ~~Z~~ AA of § 54.1-3408 shall not be liable for any civil damages for any

181 personal injury that results from any act or omission in the administration of naloxone or other opioid  
182 antagonist used for overdose reversal, unless such act or omission was the result of gross negligence or  
183 willful and wanton misconduct.

184 22. Is an employee of a school board, school for students with disabilities as defined in § 22.1-319  
185 licensed by the Board of Education, or private school accredited pursuant to § 22.1-19 as administered by the  
186 Virginia Council for Private Education who is trained in the administration of injected medications for the  
187 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency and who administers or  
188 assists in the administration of such medications to a student diagnosed with a condition causing adrenal  
189 insufficiency when the student is believed to be experiencing or about to experience an adrenal crisis  
190 pursuant to a written order or standing protocol issued by a prescriber within the course of his professional  
191 practice and in accordance with the prescriber's instructions shall not be liable for any civil damages for  
192 ordinary negligence in acts or omissions resulting from the rendering of such treatment.

193 23. Is a school nurse, a licensed athletic trainer under contract with a local school division, an employee of  
194 a school board, an employee of a local governing body, or an employee of a local health department who is  
195 authorized by the local health director and trained in the administration of albuterol inhalers and valved  
196 holding chambers or nebulized albuterol and who provides, administers, or assists in the administration of an  
197 albuterol inhaler and a valved holding chamber or nebulized albuterol for a student believed in good faith to  
198 be in need of such medication, or is the prescriber of such medication, shall not be liable for any civil  
199 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

200 24. Is an employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is  
201 authorized by a prescriber and trained in the administration of epinephrine and who administers or assists in  
202 the administration of epinephrine to a person present in the place of public accommodation believed in good  
203 faith to be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any  
204 civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.  
205 Whenever any employee is covered by the immunity granted in this subdivision, the organization shall not be  
206 liable for any civil damages for ordinary negligence in acts or omissions resulting from such administration  
207 or assistance.

208 25. Is a nurse at an early childhood care and education entity, employee at the entity, or employee of a  
209 local health department who is authorized by a prescriber and trained in the administration of epinephrine and  
210 who provides, administers, or assists in the administration of epinephrine to a child believed in good faith to  
211 be having an anaphylactic reaction, or is the prescriber of the epinephrine, shall not be liable for any civil  
212 damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment.

213 B. Any licensed physician serving without compensation as the operational medical director for an  
214 emergency medical services agency that holds a valid license as an emergency medical services agency  
215 issued by the Commissioner of Health shall not be liable for any civil damages for any act or omission  
216 resulting from the rendering of emergency medical services in good faith by the personnel of such licensed  
217 agency unless such act or omission was the result of such physician's gross negligence or willful misconduct.

218 Any person serving without compensation as a dispatcher for any licensed public or nonprofit emergency  
219 medical services agency in the Commonwealth shall not be liable for any civil damages for any act or  
220 omission resulting from the rendering of emergency services in good faith by the personnel of such licensed  
221 agency unless such act or omission was the result of such dispatcher's gross negligence or willful misconduct.

222 Any individual, certified by the State Office of Emergency Medical Services as an emergency medical  
223 services instructor and pursuant to a written agreement with such office, who, in good faith and in the  
224 performance of his duties, provides instruction to persons for certification or recertification as a certified  
225 basic life support or advanced life support emergency medical services provider shall not be liable for any  
226 civil damages for acts or omissions on his part directly relating to his activities on behalf of such office unless  
227 such act or omission was the result of such emergency medical services instructor's gross negligence or  
228 willful misconduct.

229 Any licensed physician serving without compensation as a medical advisor to an E-911 system in the  
230 Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering  
231 medical advice in good faith to establish protocols to be used by the personnel of the E-911 service, as  
232 defined in § 58.1-1730, when answering emergency calls unless such act or omission was the result of such  
233 physician's gross negligence or willful misconduct.

234 Any licensed physician who directs the provision of emergency medical services, as authorized by the  
235 State Board of Health, through a communications device shall not be liable for any civil damages for any act  
236 or omission resulting from the rendering of such emergency medical services unless such act or omission was  
237 the result of such physician's gross negligence or willful misconduct.

238 Any licensed physician serving without compensation as a supervisor of an AED in the Commonwealth  
239 shall not be liable for any civil damages for any act or omission resulting from rendering medical advice in  
240 good faith to the owner of the AED relating to personnel training, local emergency medical services  
241 coordination, protocol approval, AED deployment strategies, and equipment maintenance plans and records

unless such act or omission was the result of such physician's gross negligence or willful misconduct.

C. Any communications services provider, as defined in § 58.1-647, including mobile service, and any provider of Voice-over-Internet Protocol service, in the Commonwealth shall not be liable for any civil damages for any act or omission resulting from rendering such service with or without charge related to emergency calls unless such act or omission was the result of such service provider's gross negligence or willful misconduct.

Any volunteer engaging in rescue or recovery work at a mine, or any mine operator voluntarily providing personnel to engage in rescue or recovery work at a mine not owned or operated by such operator, shall not be liable for civil damages for acts or omissions resulting from the rendering of such rescue or recovery work in good faith unless such act or omission was the result of gross negligence or willful misconduct. For purposes of this subsection, "Voice-over-Internet Protocol service" or "VoIP service" means any Internet protocol-enabled services utilizing a broadband connection, actually originating or terminating in Internet Protocol from either or both ends of a channel of communication offering real time, multidirectional voice functionality, including, but not limited to, services similar to traditional telephone service.

D. Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.

E. For the purposes of this section, "compensation" shall not be construed to include (i) the salaries of police, fire, or other public officials or personnel who render such emergency assistance; (ii) the salaries or wages of employees of a coal producer engaging in emergency medical services or first aid services pursuant to the provisions of § 45.2-531, 45.2-579, 45.2-863 or 45.2-910; (iii) complimentary lift tickets, food, lodging, or other gifts provided as a gratuity to volunteer members of the National Ski Patrol System, Inc., by any resort, group, or agency; (iv) the salary of any person who (a) owns an AED for the use at the scene of an emergency, (b) trains individuals, in courses approved by the Board of Health, to operate AEDs at the scene of emergencies, (c) orders AEDs for use at the scene of emergencies, or (d) operates an AED at the scene of an emergency; or (v) expenses reimbursed to any person providing care or assistance pursuant to this section.

For the purposes of this section, "emergency medical services provider" shall include a person licensed or certified as such or its equivalent by any other state when he is performing services that he is licensed or certified to perform by such other state in caring for a patient in transit in the Commonwealth, which care originated in such other state.

Further, the public shall be urged to receive training on how to use CPR and an AED in order to acquire the skills and confidence to respond to emergencies using both CPR and an AED.

**§ 22.1-274.4:1. Opioid antagonist procurement, placement, maintenance, and administration; staff and faculty training; policies and requirements.**

A. Each local school board shall develop a plan, in accordance with subsection ~~X~~ Y of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, for the procurement, placement, and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses for the purposes of opioid overdose reversal. Such plan shall provide for the development and implementation of policies and procedures relating to the procurement, placement, and maintenance of such supply of opioid antagonists in each such school, including policies and procedures:

1. Providing for the placement and maintenance in each public elementary and secondary school of a supply of opioid antagonists in an amount equivalent to at least two unexpired doses, including policies and procedures by which each such school shall request a replacement dose of an opioid antagonist any time a dose has expired, is administered for overdose reversal, or is otherwise rendered unusable and by which each such request shall be timely fulfilled;

2. Requiring each such school to inspect its opioid antagonist supply at least annually and maintain a record of the date of inspection, the expiration date on each dose, and, in the event that a dose of such opioid antagonist is administered for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose, the date of such administration; and

3. Relating to the proper and safe storage of such opioid antagonist supply in each such school.

B. Each local school board shall, in accordance with the provisions of subsection ~~X~~ Y of § 54.1-3408 and the guidelines developed by the Department of Health in collaboration with the Department of Education, develop policies and procedures relating to the possession and administration of opioid antagonists by any school nurse or employee of the school board who is authorized by a prescriber and trained in the administration of an opioid antagonist to any student, faculty, or staff member who is believed to be experiencing or about to experience a life-threatening opioid overdose, including:

1. Policies requiring each public elementary and secondary school to ensure that at least one employee (i) is authorized by a prescriber and has been trained and is certified in the administration of an opioid antagonist by a program administered or approved by the Department of Health to provide training in opioid antagonist administration and (ii) has the means to access at all times during regular school hours any such opioid antagonist supply that is stored in a locked or otherwise generally inaccessible container or area; and

2. Policies and procedures for (i) partnering with a program administered or approved by the Department

304 of Health to provide training in opioid antagonist administration for the purpose of organizing and providing  
305 the training and certification required pursuant to subdivision 1 and (ii) maintaining records of each employee  
306 of each such public elementary and secondary school who is trained and certified in the administration of an  
307 opioid antagonist pursuant to subdivision 1.

308 C. Any employee of any public elementary or secondary school, school board, or local health department  
309 who, during regular school hours, on school premises, or during a school-sponsored activity, in good faith  
310 administers an opioid antagonist for opioid overdose reversal to any individual who is believed to be  
311 experiencing or about to experience a life-threatening opioid overdose, regardless of whether such employee  
312 was trained in administration of an opioid antagonist pursuant to subsection B, shall be immune from any  
313 disciplinary action or civil or criminal liability for any act or omission made in connection with the  
314 administration of an opioid antagonist in such incident, unless such act or omission was the result of gross  
315 negligence or willful misconduct.

316 D. Each school board shall adopt and each public elementary and secondary school shall implement  
317 policies and procedures in accordance with the provisions of this section. Each school board and each public  
318 elementary and secondary school shall, in adopting and implementing the policies set forth in this section,  
319 utilize to the fullest extent possible programs offered by the Department of Health for the provision of opioid  
320 antagonist administration training and certification and the procurement of opioid antagonists for placement  
321 in each public elementary and secondary school.

322 **§ 32.1-127. (Effective until July 1, 2025) Regulations.**

323 A. The regulations promulgated by the Board to carry out the provisions of this article shall be in  
324 substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established  
325 and recognized by medical and health care professionals and by specialists in matters of public health and  
326 safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the  
327 Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

328 B. Such regulations:

329 1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes  
330 and certified nursing facilities to ensure the environmental protection and the life safety of its patients,  
331 employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified  
332 nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing  
333 facilities, except those professionals licensed or certified by the Department of Health Professions; (iv)  
334 conditions under which a hospital or nursing home may provide medical and nursing services to patients in  
335 their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility  
336 security of hospitals, nursing homes, and certified nursing facilities;

337 2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and  
338 is primarily responsible for the emergency department shall be on duty and physically present at all times at  
339 each hospital that operates or holds itself out as operating an emergency service;

340 3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing  
341 hospitals and nursing homes by bed capacity and by type of specialty or service;

342 4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal  
343 law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. §  
344 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS  
345 regulations for routine contact, whereby the provider's designated organ procurement organization certified  
346 by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii)  
347 is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a  
348 similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of  
349 America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The  
350 hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in  
351 the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable  
352 tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The  
353 protocol shall ensure that the hospital collaborates with the designated organ procurement organization to  
354 inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to  
355 donate. The individual making contact with the family shall have completed a course in the methodology for  
356 approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved  
357 by the organ procurement organization and designed in conjunction with the tissue and eye bank community  
358 and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of  
359 the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement  
360 organization in educating the staff responsible for contacting the organ procurement organization's personnel  
361 on donation issues, the proper review of death records to improve identification of potential donors, and the  
362 proper procedures for maintaining potential donors while necessary testing and placement of potential  
363 donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the  
364 family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative

officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found;

5. Shall require that each hospital that provides obstetrical services establish a protocol for admission or transfer of any pregnant woman who presents herself while in labor;

6. Shall also require that each licensed hospital develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan;

7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant for admission the home's or facility's admissions policies, including any preferences given;

8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of patients which shall include a process reasonably designed to inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and Medicaid Services;

9. Shall establish standards and maintain a process for designation of levels or categories of care in neonatal services according to an applicable national or state-developed evaluation system. Such standards may be differentiated for various levels or categories of care and may include, but need not be limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

10. Shall require that each nursing home and certified nursing facility train all employees who are mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures and the consequences for failing to make a required report;

11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and regulations or hospital policies and procedures, by the person giving the order, or, when such person is not available within the period of time specified, co-signed by another physician or other person authorized to give the order;

12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer of the vaccination, that each certified nursing facility and nursing home provide or arrange for the administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal vaccination, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

13. Shall require that each nursing home and certified nursing facility register with the Department of State Police to receive notice of the registration, reregistration, or verification of registration information of any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or facility is located, pursuant to § 9.1-914;

14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission, whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient will have a length of stay greater than three days or in fact stays longer than three days;

15. Shall require that each licensed hospital include in its visitation policy a provision allowing each adult patient to receive visits from any individual from whom the patient desires to receive visits, subject to other restrictions contained in the visitation policy including, but not limited to, those related to the patient's medical condition and the number of visitors permitted in the patient's room simultaneously;

16. Shall require that each nursing home and certified nursing facility shall, upon the request of the facility's family council, send notices and information about the family council mutually developed by the family council and the administration of the nursing home or certified nursing facility, and provided to the facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six times per year. Such notices may be included together with a monthly billing statement or other regular communication. Notices and information shall also be posted in a designated location within the nursing

home or certified nursing facility. No family member of a resident or other resident representative shall be restricted from participating in meetings in the facility with the families or resident representatives of other residents in the facility;

17. Shall require that each nursing home and certified nursing facility maintain liability insurance coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license;

18. Shall require each hospital that provides obstetrical services to establish policies to follow when a stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit with the facility following the discharge or death of a patient, other than entrance-related fees paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the discharged patient or, in the case of the death of a patient, the person administering the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal communication between the on-call physician in the psychiatric unit and the referring physician, if requested by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for such direct verbal communication by a referring physician and (ii) a patient for whom there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the referring physician;

21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a policy governing determination of the medical and ethical appropriateness of proposed medical care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in cases in which a physician has determined proposed care to be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision reached by the interdisciplinary medical review committee, which shall be included in the patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other remedies available at law, including seeking court review, provided that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the hospital within 14 days of the date on which the physician's determination that proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical record;

22. Shall require every hospital with an emergency department to establish a security plan. Such security plan shall be developed using standards established by the International Association for Healthcare Security and Safety or other industry standard and shall be based on the results of a security risk assessment of each emergency department location of the hospital and shall include the presence of at least one off-duty law-enforcement officer or trained security personnel who is present in the emergency department at all times as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based on identified risks for the emergency department, including trauma level designation, overall volume, volume of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from such violence, and prevalence of crime in the community, in consultation with the emergency department medical director and nurse director. The security plan shall also outline training requirements for security personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches. Such training shall also include instruction on safely addressing situations involving patients, family



members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through completion of the Department of Criminal Justice Services minimum training standards for auxiliary police officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at least one off-duty law-enforcement officer or trained security personnel be present at all times in the emergency department if the hospital demonstrates that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment;

23. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan;

24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an existing hospital or nursing home, including beds located in a temporary structure or satellite location operated by the hospital or nursing home, provided that the ability remains to safely staff services across the existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to the public life and health;

25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the hospital;

26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

27. Shall require each hospital with an emergency department to establish a protocol for the treatment and discharge of individuals experiencing a substance use-related emergency, which shall include provisions for (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to identify medical interventions necessary for the treatment of the individual in the emergency department and (ii) recommendations for follow-up care following discharge for any patient identified as having a substance use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a) the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection ~~X~~ Y of § 54.1-3408 at discharge or (b) issuance of a prescription for and information about accessing naloxone or other opioid antagonist used for overdose reversal, including information about accessing naloxone or other opioid antagonist used for overdose reversal at a community pharmacy, including any outpatient pharmacy operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing order. Such protocols may also provide for referrals of individuals experiencing a substance use-related emergency to peer recovery specialists and community-based providers of behavioral health services, or to providers of pharmacotherapy for the treatment of drug or alcohol dependence or mental health diagnoses;

28. During a public health emergency related to COVID-19, shall require each nursing home and certified nursing facility to establish a protocol to allow each patient to receive visits, consistent with guidance from the Centers for Disease Control and Prevention and as directed by the Centers for Medicare and Medicaid Services and the Board. Such protocol shall include provisions describing (i) the conditions, including conditions related to the presence of COVID-19 in the nursing home, certified nursing facility, and community, under which in-person visits will be allowed and under which in-person visits will not be allowed and visits will be required to be virtual; (ii) the requirements with which in-person visitors will be required to comply to protect the health and safety of the patients and staff of the nursing home or certified nursing facility; (iii) the types of technology, including interactive audio or video technology, and the staff support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing home or certified nursing facility will take in the event of a technology failure, service interruption, or

documented emergency that prevents visits from occurring as required by this subdivision. Such protocol shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided that such waiver or limitation is included in the patient's health record; and (c) a requirement that each nursing home and certified nursing facility publish on its website or communicate to each patient or the patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing facility's plan for providing visits to patients as required by this subdivision;

29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient, in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection of health information in accordance with the requirements of the federal Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision, "intelligent personal assistant" means a combination of an electronic device and a specialized software application designed to assist users with basic tasks using a combination of natural language processing and artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

30. During a declared public health emergency related to a communicable disease of public health threat, shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services and subject to compliance with any executive order, order of public health, Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation. Such protocol may restrict the frequency and duration of visits and may require visits to be conducted virtually using interactive audio or video technology. Any such protocol may require the person visiting a patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home, or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the hospital, nursing home, or certified nursing facility; and

31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients who are minors available to such patients through a secure website shall make such health records available to such patient's parent or guardian through such secure website, unless the hospital cannot make such health record available in a manner that prevents disclosure of information, the disclosure of which has been denied pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of § 54.1-2969 has not been provided.

C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and certified nursing facilities may operate adult day centers.

D. All facilities licensed by the Board pursuant to this article which provide treatment or care for hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to be contaminated with an infectious agent, those hemophiliacs who have received units of this contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot that is known to be contaminated shall notify the recipient's attending physician and request that he notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail, return receipt requested, each recipient who received treatment from a known contaminated lot at the individual's last known address.

E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

#### **§ 32.1-127. (Effective July 1, 2025) Regulations.**

A. The regulations promulgated by the Board to carry out the provisions of this article shall be in substantial conformity to the standards of health, hygiene, sanitation, construction and safety as established and recognized by medical and health care professionals and by specialists in matters of public health and safety, including health and safety standards established under provisions of Title XVIII and Title XIX of the Social Security Act, and to the provisions of Article 2 (§ 32.1-138 et seq.).

B. Such regulations:

1. Shall include minimum standards for (i) the construction and maintenance of hospitals, nursing homes and certified nursing facilities to ensure the environmental protection and the life safety of its patients, employees, and the public; (ii) the operation, staffing and equipping of hospitals, nursing homes and certified nursing facilities; (iii) qualifications and training of staff of hospitals, nursing homes and certified nursing facilities, except those professionals licensed or certified by the Department of Health Professions; (iv) conditions under which a hospital or nursing home may provide medical and nursing services to patients in their places of residence; and (v) policies related to infection prevention, disaster preparedness, and facility security of hospitals, nursing homes, and certified nursing facilities;

2. Shall provide that at least one physician who is licensed to practice medicine in the Commonwealth and

is primarily responsible for the emergency department shall be on duty and physically present at all times at each hospital that operates or holds itself out as operating an emergency service;

3. May classify hospitals and nursing homes by type of specialty or service and may provide for licensing hospitals and nursing homes by bed capacity and by type of specialty or service;

4. Shall also require that each hospital establish a protocol for organ donation, in compliance with federal law and the regulations of the Centers for Medicare and Medicaid Services (CMS), particularly 42 C.F.R. § 482.45. Each hospital shall have an agreement with an organ procurement organization designated in CMS regulations for routine contact, whereby the provider's designated organ procurement organization certified by CMS (i) is notified in a timely manner of all deaths or imminent deaths of patients in the hospital and (ii) is authorized to determine the suitability of the decedent or patient for organ donation and, in the absence of a similar arrangement with any eye bank or tissue bank in Virginia certified by the Eye Bank Association of America or the American Association of Tissue Banks, the suitability for tissue and eye donation. The hospital shall also have an agreement with at least one tissue bank and at least one eye bank to cooperate in the retrieval, processing, preservation, storage, and distribution of tissues and eyes to ensure that all usable tissues and eyes are obtained from potential donors and to avoid interference with organ procurement. The protocol shall ensure that the hospital collaborates with the designated organ procurement organization to inform the family of each potential donor of the option to donate organs, tissues, or eyes or to decline to donate. The individual making contact with the family shall have completed a course in the methodology for approaching potential donor families and requesting organ or tissue donation that (a) is offered or approved by the organ procurement organization and designed in conjunction with the tissue and eye bank community and (b) encourages discretion and sensitivity according to the specific circumstances, views, and beliefs of the relevant family. In addition, the hospital shall work cooperatively with the designated organ procurement organization in educating the staff responsible for contacting the organ procurement organization's personnel on donation issues, the proper review of death records to improve identification of potential donors, and the proper procedures for maintaining potential donors while necessary testing and placement of potential donated organs, tissues, and eyes takes place. This process shall be followed, without exception, unless the family of the relevant decedent or patient has expressed opposition to organ donation, the chief administrative officer of the hospital or his designee knows of such opposition, and no donor card or other relevant document, such as an advance directive, can be found;

5. Shall require that each hospital that provides obstetrical services establish a protocol for admission or transfer of any pregnant woman who presents herself while in labor;

6. Shall also require that each licensed hospital develop and implement a protocol requiring written discharge plans for identified, substance-abusing, postpartum women and their infants. The protocol shall require that the discharge plan be discussed with the patient and that appropriate referrals for the mother and the infant be made and documented. Appropriate referrals may include, but need not be limited to, treatment services, comprehensive early intervention services for infants and toddlers with disabilities and their families pursuant to Part H of the Individuals with Disabilities Education Act, 20 U.S.C. § 1471 et seq., and family-oriented prevention services. The discharge planning process shall involve, to the extent possible, the other parent of the infant and any members of the patient's extended family who may participate in the follow-up care for the mother and the infant. Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan;

7. Shall require that each nursing home and certified nursing facility fully disclose to the applicant for admission the home's or facility's admissions policies, including any preferences given;

8. Shall require that each licensed hospital establish a protocol relating to the rights and responsibilities of patients which shall include a process reasonably designed to inform patients of such rights and responsibilities. Such rights and responsibilities of patients, a copy of which shall be given to patients on admission, shall be consistent with applicable federal law and regulations of the Centers for Medicare and Medicaid Services;

9. Shall establish standards and maintain a process for designation of levels or categories of care in neonatal services according to an applicable national or state-developed evaluation system. Such standards may be differentiated for various levels or categories of care and may include, but need not be limited to, requirements for staffing credentials, staff/patient ratios, equipment, and medical protocols;

10. Shall require that each nursing home and certified nursing facility train all employees who are mandated to report adult abuse, neglect, or exploitation pursuant to § 63.2-1606 on such reporting procedures and the consequences for failing to make a required report;

11. Shall permit hospital personnel, as designated in medical staff bylaws, rules and regulations, or hospital policies and procedures, to accept emergency telephone and other verbal orders for medication or treatment for hospital patients from physicians, and other persons lawfully authorized by state statute to give patient orders, subject to a requirement that such verbal order be signed, within a reasonable period of time

not to exceed 72 hours as specified in the hospital's medical staff bylaws, rules and regulations or hospital policies and procedures, by the person giving the order, or, when such person is not available within the period of time specified, co-signed by another physician or other person authorized to give the order;

12. Shall require, unless the vaccination is medically contraindicated or the resident declines the offer of the vaccination, that each certified nursing facility and nursing home provide or arrange for the administration to its residents of (i) an annual vaccination against influenza and (ii) a pneumococcal vaccination, in accordance with the most recent recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;

13. Shall require that each nursing home and certified nursing facility register with the Department of State Police to receive notice of the registration, reregistration, or verification of registration information of any person required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1 within the same or a contiguous zip code area in which the home or facility is located, pursuant to § 9.1-914;

14. Shall require that each nursing home and certified nursing facility ascertain, prior to admission, whether a potential patient is required to register with the Sex Offender and Crimes Against Minors Registry pursuant to Chapter 9 (§ 9.1-900 et seq.) of Title 9.1, if the home or facility anticipates the potential patient will have a length of stay greater than three days or in fact stays longer than three days;

15. Shall require that each licensed hospital include in its visitation policy a provision allowing each adult patient to receive visits from any individual from whom the patient desires to receive visits, subject to other restrictions contained in the visitation policy including, but not limited to, those related to the patient's medical condition and the number of visitors permitted in the patient's room simultaneously;

16. Shall require that each nursing home and certified nursing facility shall, upon the request of the facility's family council, send notices and information about the family council mutually developed by the family council and the administration of the nursing home or certified nursing facility, and provided to the facility for such purpose, to the listed responsible party or a contact person of the resident's choice up to six times per year. Such notices may be included together with a monthly billing statement or other regular communication. Notices and information shall also be posted in a designated location within the nursing home or certified nursing facility. No family member of a resident or other resident representative shall be restricted from participating in meetings in the facility with the families or resident representatives of other residents in the facility;

17. Shall require that each nursing home and certified nursing facility maintain liability insurance coverage in a minimum amount of \$1 million, and professional liability coverage in an amount at least equal to the recovery limit set forth in § 8.01-581.15, to compensate patients or individuals for injuries and losses resulting from the negligent or criminal acts of the facility. Failure to maintain such minimum insurance shall result in revocation of the facility's license;

18. Shall require each hospital that provides obstetrical services to establish policies to follow when a stillbirth, as defined in § 32.1-69.1, occurs that meet the guidelines pertaining to counseling patients and their families and other aspects of managing stillbirths as may be specified by the Board in its regulations;

19. Shall require each nursing home to provide a full refund of any unexpended patient funds on deposit with the facility following the discharge or death of a patient, other than entrance-related fees paid to a continuing care provider as defined in § 38.2-4900, within 30 days of a written request for such funds by the discharged patient or, in the case of the death of a patient, the person administering the person's estate in accordance with the Virginia Small Estates Act (§ 64.2-600 et seq.);

20. Shall require that each hospital that provides inpatient psychiatric services establish a protocol that requires, for any refusal to admit (i) a medically stable patient referred to its psychiatric unit, direct verbal communication between the on-call physician in the psychiatric unit and the referring physician, if requested by such referring physician, and prohibits on-call physicians or other hospital staff from refusing a request for such direct verbal communication by a referring physician and (ii) a patient for whom there is a question regarding the medical stability or medical appropriateness of admission for inpatient psychiatric services due to a situation involving results of a toxicology screening, the on-call physician in the psychiatric unit to which the patient is sought to be transferred to participate in direct verbal communication, either in person or via telephone, with a clinical toxicologist or other person who is a Certified Specialist in Poison Information employed by a poison control center that is accredited by the American Association of Poison Control Centers to review the results of the toxicology screen and determine whether a medical reason for refusing admission to the psychiatric unit related to the results of the toxicology screen exists, if requested by the referring physician;

21. Shall require that each hospital that is equipped to provide life-sustaining treatment shall develop a policy governing determination of the medical and ethical appropriateness of proposed medical care, which shall include (i) a process for obtaining a second opinion regarding the medical and ethical appropriateness of proposed medical care in cases in which a physician has determined proposed care to be medically or ethically inappropriate; (ii) provisions for review of the determination that proposed medical care is

medically or ethically inappropriate by an interdisciplinary medical review committee and a determination by the interdisciplinary medical review committee regarding the medical and ethical appropriateness of the proposed health care; and (iii) requirements for a written explanation of the decision reached by the interdisciplinary medical review committee, which shall be included in the patient's medical record. Such policy shall ensure that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 (a) are informed of the patient's right to obtain his medical record and to obtain an independent medical opinion and (b) afforded reasonable opportunity to participate in the medical review committee meeting. Nothing in such policy shall prevent the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986 from obtaining legal counsel to represent the patient or from seeking other remedies available at law, including seeking court review, provided that the patient, his agent, or the person authorized to make medical decisions pursuant to § 54.1-2986, or legal counsel provides written notice to the chief executive officer of the hospital within 14 days of the date on which the physician's determination that proposed medical treatment is medically or ethically inappropriate is documented in the patient's medical record;

22. Shall require every hospital with an emergency department to establish a security plan. Such security plan shall be developed using standards established by the International Association for Healthcare Security and Safety or other industry standard and shall be based on the results of a security risk assessment of each emergency department location of the hospital and shall include the presence of at least one off-duty law-enforcement officer or trained security personnel who is present in the emergency department at all times as indicated to be necessary and appropriate by the security risk assessment. Such security plan shall be based on identified risks for the emergency department, including trauma level designation, overall volume, volume of psychiatric and forensic patients, incidents of violence against staff, and level of injuries sustained from such violence, and prevalence of crime in the community, in consultation with the emergency department medical director and nurse director. The security plan shall also outline training requirements for security personnel in the potential use of and response to weapons, defensive tactics, de-escalation techniques, appropriate physical restraint and seclusion techniques, crisis intervention, and trauma-informed approaches. Such training shall also include instruction on safely addressing situations involving patients, family members, or other persons who pose a risk of harm to themselves or others due to mental illness or substance abuse or who are experiencing a mental health crisis. Such training requirements may be satisfied through completion of the Department of Criminal Justice Services minimum training standards for auxiliary police officers as required by § 15.2-1731. The Commissioner shall provide a waiver from the requirement that at least one off-duty law-enforcement officer or trained security personnel be present at all times in the emergency department if the hospital demonstrates that a different level of security is necessary and appropriate for any of its emergency departments based upon findings in the security risk assessment;

23. Shall require that each hospital establish a protocol requiring that, before a health care provider arranges for air medical transportation services for a patient who does not have an emergency medical condition as defined in 42 U.S.C. § 1395dd(e)(1), the hospital shall provide the patient or his authorized representative with written or electronic notice that the patient (i) may have a choice of transportation by an air medical transportation provider or medically appropriate ground transportation by an emergency medical services provider and (ii) will be responsible for charges incurred for such transportation in the event that the provider is not a contracted network provider of the patient's health insurance carrier or such charges are not otherwise covered in full or in part by the patient's health insurance plan;

24. Shall establish an exemption from the requirement to obtain a license to add temporary beds in an existing hospital or nursing home, including beds located in a temporary structure or satellite location operated by the hospital or nursing home, provided that the ability remains to safely staff services across the existing hospital or nursing home, (i) for a period of no more than the duration of the Commissioner's determination plus 30 days when the Commissioner has determined that a natural or man-made disaster has caused the evacuation of a hospital or nursing home and that a public health emergency exists due to a shortage of hospital or nursing home beds or (ii) for a period of no more than the duration of the emergency order entered pursuant to § 32.1-13 or 32.1-20 plus 30 days when the Board, pursuant to § 32.1-13, or the Commissioner, pursuant to § 32.1-20, has entered an emergency order for the purpose of suppressing a nuisance dangerous to public health or a communicable, contagious, or infectious disease or other danger to the public life and health;

25. Shall establish protocols to ensure that any patient scheduled to receive an elective surgical procedure for which the patient can reasonably be expected to require outpatient physical therapy as a follow-up treatment after discharge is informed that he (i) is expected to require outpatient physical therapy as a follow-up treatment and (ii) will be required to select a physical therapy provider prior to being discharged from the hospital;

26. Shall permit nursing home staff members who are authorized to possess, distribute, or administer medications to residents to store, dispense, or administer cannabis oil to a resident who has been issued a valid written certification for the use of cannabis oil in accordance with § 4.1-1601;

27. Shall require each hospital with an emergency department to establish a protocol for the treatment and

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794 (i) appropriate screening and assessment of individuals experiencing substance use-related emergencies to  
795 identify medical interventions necessary for the treatment of the individual in the emergency department and  
796 (ii) recommendations for follow-up care following discharge for any patient identified as having a substance  
797 use disorder, depression, or mental health disorder, as appropriate, which may include, for patients who have  
798 been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients, (a)  
799 the dispensing of naloxone or other opioid antagonist used for overdose reversal pursuant to subsection X Y  
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803 operated by the hospital, or through a community organization or pharmacy that may dispense naloxone or  
804 other opioid antagonist used for overdose reversal without a prescription pursuant to a statewide standing  
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817 support necessary to ensure visits are provided as required by this subdivision; and (iv) the steps the nursing  
818 home or certified nursing facility will take in the event of a technology failure, service interruption, or  
819 documented emergency that prevents visits from occurring as required by this subdivision. Such protocol  
820 shall also include (a) a statement of the frequency with which visits, including virtual and in-person, where  
821 appropriate, will be allowed, which shall be at least once every 10 calendar days for each patient; (b) a  
822 provision authorizing a patient or the patient's personal representative to waive or limit visitation, provided  
823 that such waiver or limitation is included in the patient's health record; and (c) a requirement that each  
824 nursing home and certified nursing facility publish on its website or communicate to each patient or the  
825 patient's authorized representative, in writing or via electronic means, the nursing home's or certified nursing  
826 facility's plan for providing visits to patients as required by this subdivision;

827 29. Shall require each hospital, nursing home, and certified nursing facility to establish and implement  
828 policies to ensure the permissible access to and use of an intelligent personal assistant provided by a patient,  
829 in accordance with such regulations, while receiving inpatient services. Such policies shall ensure protection  
830 of health information in accordance with the requirements of the federal Health Insurance Portability and  
831 Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as amended. For the purposes of this subdivision,  
832 "intelligent personal assistant" means a combination of an electronic device and a specialized software  
833 application designed to assist users with basic tasks using a combination of natural language processing and  
834 artificial intelligence, including such combinations known as "digital assistants" or "virtual assistants";

835 30. During a declared public health emergency related to a communicable disease of public health threat,  
836 shall require each hospital, nursing home, and certified nursing facility to establish a protocol to allow  
837 patients to receive visits from a rabbi, priest, minister, or clergy of any religious denomination or sect  
838 consistent with guidance from the Centers for Disease Control and Prevention and the Centers for Medicare  
839 and Medicaid Services and subject to compliance with any executive order, order of public health,  
840 Department guidance, or any other applicable federal or state guidance having the effect of limiting visitation.  
841 Such protocol may restrict the frequency and duration of visits and may require visits to be conducted  
842 virtually using interactive audio or video technology. Any such protocol may require the person visiting a  
843 patient pursuant to this subdivision to comply with all reasonable requirements of the hospital, nursing home,  
844 or certified nursing facility adopted to protect the health and safety of the person, patients, and staff of the  
845 hospital, nursing home, or certified nursing facility;

846 31. Shall require that every hospital that makes health records, as defined in § 32.1-127.1:03, of patients  
847 who are minors available to such patients through a secure website shall make such health records available  
848 to such patient's parent or guardian through such secure website, unless the hospital cannot make such health  
849 record available in a manner that prevents disclosure of information, the disclosure of which has been denied  
850 pursuant to subsection F of § 32.1-127.1:03 or for which consent required in accordance with subsection E of  
851 § 54.1-2969 has not been provided; and

852 32. Shall require that every hospital where surgical procedures are performed adopt a policy requiring the  
853 use of a smoke evacuation system for all planned surgical procedures that are likely to generate surgical

smoke. For the purposes of this subdivision, "smoke evacuation system" means smoke evacuation equipment and technologies designed to capture, filter, and remove surgical smoke at the site of origin and to prevent surgical smoke from making ocular contact or contact with a person's respiratory tract.

C. Upon obtaining the appropriate license, if applicable, licensed hospitals, nursing homes, and certified nursing facilities may operate adult day centers.

D. All facilities licensed by the Board pursuant to this article which provide treatment or care for hemophiliacs and, in the course of such treatment, stock clotting factors, shall maintain records of all lot numbers or other unique identifiers for such clotting factors in order that, in the event the lot is found to be contaminated with an infectious agent, those hemophiliacs who have received units of this contaminated clotting factor may be apprised of this contamination. Facilities which have identified a lot that is known to be contaminated shall notify the recipient's attending physician and request that he notify the recipient of the contamination. If the physician is unavailable, the facility shall notify by mail, return receipt requested, each recipient who received treatment from a known contaminated lot at the individual's last known address.

E. Hospitals in the Commonwealth may enter into agreements with the Department of Health for the provision to uninsured patients of naloxone or other opioid antagonists used for overdose reversal.

**§ 54.1-2722. License; application; qualifications; practice of dental hygiene; report.**

A. No person shall practice dental hygiene unless he possesses a current, active, and valid license from the Board of Dentistry. The licensee shall have the right to practice dental hygiene in the Commonwealth for the period of his license as set by the Board, under the direction of any licensed dentist.

B. An application for such license shall be made to the Board in writing and shall be accompanied by satisfactory proof that the applicant (i) is of good moral character, (ii) is a graduate of a dental hygiene program accredited by the Commission on Dental Accreditation and offered by an accredited institution of higher education, (iii) has passed the dental hygiene examination given by the Joint Commission on National Dental Examinations, and (iv) has successfully completed a clinical examination acceptable to the Board.

C. The Board may grant a license to practice dental hygiene to an applicant licensed to practice in another jurisdiction if he (i) meets the requirements of subsection B; (ii) holds a current, unrestricted license to practice dental hygiene in another jurisdiction in the United States; (iii) has not committed any act that would constitute grounds for denial as set forth in § 54.1-2706; and (iv) meets other qualifications as determined in regulations promulgated by the Board.

D. A licensed dental hygienist may, under the direction or general supervision of a licensed dentist and subject to the regulations of the Board, perform services that are educational, diagnostic, therapeutic, or preventive. These services shall not include the establishment of a final diagnosis or treatment plan for a dental patient. Pursuant to subsection ~~W~~ of § 54.1-3408, a licensed dental hygienist may administer topical oral fluorides under an oral or written order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine.

A dentist may also authorize a dental hygienist under his direction to administer Schedule VI nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local anesthesia. In its regulations, the Board of Dentistry shall establish the education and training requirements for dental hygienists to administer such controlled substances under a dentist's direction.

For the purposes of this section, "general supervision" means that a dentist has evaluated the patient and prescribed authorized services to be provided by a dental hygienist; however, the dentist need not be present in the facility while the authorized services are being provided.

The Board shall provide for an inactive license for those dental hygienists who hold a current, unrestricted license to practice in the Commonwealth at the time of application for an inactive license and who do not wish to practice in Virginia. The Board shall promulgate such regulations as may be necessary to carry out the provisions of this section, including requirements for remedial education to activate a license.

E. For the purposes of this subsection, "remote supervision" means that a public health dentist has regular, periodic communications with a public health dental hygienist regarding patient treatment, but such dentist may not have conducted an initial examination of the patients who are to be seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene services are being provided.

Notwithstanding any provision of law, a dental hygienist employed by the Virginia Department of Health or the Department of Behavioral Health and Developmental Services who holds a license issued by the Board of Dentistry may provide educational and preventative dental care in the Commonwealth under the remote supervision of a dentist employed by the Department of Health or the Department of Behavioral Health and Developmental Services. A dental hygienist providing such services shall practice pursuant to protocols developed jointly by the Department of Health and the Department of Behavioral Health and Developmental Services for each agency, in consultation with the Virginia Dental Association and the Virginia Dental Hygienists' Association. Such protocols shall be adopted by the Board as regulations.

A report of services provided by dental hygienists employed by the Virginia Department of Health pursuant to such protocol, including their impact upon the oral health of the citizens of the Commonwealth, shall be prepared and submitted annually to the Secretary of Health and Human Resources by the Department

915 of Health, and a report of services provided by dental hygienists employed by the Department of Behavioral  
916 Health and Developmental Services shall be prepared and submitted annually to the Secretary of Health and  
917 Human Resources by the Department of Behavioral Health and Developmental Services. Nothing in this  
918 section shall be construed to authorize or establish the independent practice of dental hygiene.

919 F. For the purposes of this subsection, "remote supervision" means that a supervising dentist is accessible  
920 and available for communication and consultation with a dental hygienist during the delivery of dental  
921 hygiene services, but such dentist may not have conducted an initial examination of the patients who are to be  
922 seen and treated by the dental hygienist and may not be present with the dental hygienist when dental hygiene  
923 services are being provided.

924 Notwithstanding any other provision of law, a dental hygienist may practice dental hygiene under the  
925 remote supervision of a dentist who holds an active license by the Board and who has a dental practice  
926 physically located in the Commonwealth. No dental hygienist shall practice under remote supervision unless  
927 he has (i) completed a continuing education course designed to develop the competencies needed to provide  
928 care under remote supervision offered by an accredited dental education program or from a continuing  
929 education provider approved by the Board and (ii) at least two years of clinical experience, consisting of at  
930 least 2,500 hours of clinical experience. A dental hygienist practicing under remote supervision shall have  
931 professional liability insurance with policy limits acceptable to the supervising dentist. A dental hygienist  
932 shall only practice under remote supervision at a federally qualified health center; charitable safety net  
933 facility; free clinic; long-term care facility; elementary or secondary school; Head Start program; mobile  
934 dentistry program for adults with developmental disabilities operated by the Department of Behavioral Health  
935 and Developmental Services' Office of Integrated Health; or women, infants, and children (WIC) program.

936 A dental hygienist practicing under remote supervision may (a) obtain a patient's treatment history and  
937 consent, (b) perform an oral assessment, (c) perform scaling and polishing, (d) perform all educational and  
938 preventative services, (e) take X-rays as ordered by the supervising dentist or consistent with a standing  
939 order, (f) maintain appropriate documentation in the patient's chart, (g) administer topical oral fluorides,  
940 topical oral anesthetics, topical and directly applied antimicrobial agents for treatment of periodontal pocket  
941 lesions, and any other Schedule VI topical drug approved by the Board of Dentistry under an oral or written  
942 order or a standing protocol issued by a dentist or a doctor of medicine or osteopathic medicine pursuant to  
943 subsection ~~W~~ of § 54.1-3408, and (h) perform any other service ordered by the supervising dentist or  
944 required by statute or Board regulation. No dental hygienist practicing under remote supervision shall  
945 administer local anesthetic or nitrous oxide.

946 Prior to providing a patient dental hygiene services, a dental hygienist practicing under remote supervision  
947 shall obtain (1) the patient's or the patient's legal representative's signature on a statement disclosing that the  
948 delivery of dental hygiene services under remote supervision is not a substitute for the need for regular dental  
949 examinations by a dentist and (2) verbal confirmation from the patient that he does not have a dentist of  
950 record whom he is seeing regularly.

951 After conducting an initial oral assessment of a patient, a dental hygienist practicing under remote  
952 supervision may provide further dental hygiene services following a written practice protocol developed and  
953 provided by the supervising dentist. Such written practice protocol shall consider, at a minimum, the medical  
954 complexity of the patient and the presenting signs and symptoms of oral disease.

955 A dental hygienist practicing under remote supervision shall inform the supervising dentist of all findings  
956 for a patient. A dental hygienist practicing under remote supervision may continue to treat a patient for 180  
957 days. After such 180-day period, the supervising dentist, absent emergent circumstances, shall either conduct  
958 an examination of the patient or refer the patient to another dentist to conduct an examination. The  
959 supervising dentist shall develop a diagnosis and treatment plan for the patient, and either the supervising  
960 dentist or the dental hygienist shall provide the treatment plan to the patient. The supervising dentist shall  
961 review a patient's records at least once every 10 months.

962 Nothing in this subsection shall prevent a dental hygienist from practicing dental hygiene under general  
963 supervision whether as an employee or as a volunteer.

964 **§ 54.1-3041. (Effective July 1, 2025) Registration required.**

965 A. A medication aide who administers drugs that would otherwise be self-administered to residents in an  
966 assisted living facility licensed by the Department of Social Services shall be registered by the Board as a  
967 registered medication aide.

968 B. A medication aide who administers drugs as determined permissible by the Board for administration to  
969 *long-term care residents who do not have a clinical condition that requires evaluation by a registered nurse*  
970 *or licensed practical nurse for the administration of medications* in a ~~certified nursing facility~~ home licensed  
971 by the Department of Health shall be registered by the Board as an advanced registered medication aide.

972 C. An advanced registered medication aide who is registered to administer drugs to residents in a ~~certified~~  
973 ~~nursing facility~~ home licensed by the Department of Health shall also be authorized to administer drugs to  
974 residents in an assisted living facility.

975 **§ 54.1-3042. (Effective July 1, 2025) Application for registration by competency evaluation.**

976 A. Every applicant for registration as a medication aide by competency evaluation shall pay the required



application fee and shall submit written evidence that the applicant:

1. Has not committed any act that would be grounds for discipline or denial of registration under this article;

2. Has successfully completed a staff training program in direct care approved by the Department of Social Services or an approved nurse aide education program;

3. Has successfully completed an education or training program approved by the Board that shall include one of the following:

a. A medication aide education or training program approved by the Board that shall be 68 hours combined classroom instruction and clinical skills practice curriculum, and for an advanced registered medication aide the number of additional hours as determined by the Board; or

b. A nursing education program preparing for registered nurse or practical nurse licensure;

4. Has successfully completed a competency evaluation consisting of both a clinical evaluation of minimal competency and a written examination as specified by the Board; and

5. In the case of medication aides who will administer drugs as determined permissible by the Board for administration to residents in a ~~certified nursing facility~~ *home* licensed by the Department of Health, has successfully completed all educational requirements established by the Board for administering drugs in a ~~certified nursing facility~~ *home licensed by the Department of Health*, which shall reflect the medically complex patient population found in ~~certified nursing facilities~~ *homes licensed by the Department of Health* and the resulting medication regime for that population.

B. The Board shall (i) make the written examination available in both electronic and non-electronic format, (ii) provide sufficient locations for the administration of any written examination required for registration under this section, to ensure adequate access to the written examination for all applicants, (iii) establish a procedure pursuant to which an examination shall be offered at or near the location of an education or training course, upon the request of five or more applicants, provided that the security of the examination and the integrity of the administration of the examination are ensured and that any additional costs are born by the requesting applicants, and (iv) provide written notice to applicants of the results of any competency examination completed by the applicants within seven days of completion of the examination.

C. Any applicant under this section who has provided to the Board evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.

D. Any applicant under this section who shall apply by endorsement from any state or the District of Columbia that requires registration of medication aides who has met the requirements of registration in such jurisdiction may be deemed eligible to sit for the competency evaluation required pursuant to this section, subject to approval of the Board.

#### **§ 54.1-3408. Professional use by practitioners.**

A. A practitioner of medicine, osteopathy, podiatry, dentistry, or veterinary medicine, a licensed advanced practice registered nurse pursuant to § 54.1-2957.01, a licensed certified midwife pursuant to § 54.1-2957.04, a licensed physician assistant pursuant to § 54.1-2952.1, or a TPA-certified optometrist pursuant to Article 5 (§ 54.1-3222 et seq.) of Chapter 32 shall only prescribe, dispense, or administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice. A licensed midwife pursuant to § 54.1-2957.7 shall only obtain, possess, and administer controlled substances in good faith for medicinal or therapeutic purposes within the course of his professional practice.

B. The prescribing practitioner's order may be on a written prescription or pursuant to an oral prescription as authorized by this chapter. The prescriber may administer drugs and devices, or he may cause drugs or devices to be administered by:

1. A nurse, physician assistant, or intern under his direction and supervision;

2. Persons trained to administer drugs and devices to patients in state-owned or state-operated hospitals or facilities licensed as hospitals by the Board of Health or psychiatric hospitals licensed by the Department of Behavioral Health and Developmental Services who administer drugs under the control and supervision of the prescriber or a pharmacist;

3. Emergency medical services personnel certified and authorized to administer drugs and devices pursuant to regulations of the Board of Health who act within the scope of such certification and pursuant to an oral or written order or standing protocol;

4. Persons who are employed or engaged at a medical care facility, as defined in § 32.1-3, who have a valid emergency medical services provider certification issued by the Board of Health as a requirement of being employed or engaged at the medical care facility within the scope of such certification, pursuant to an oral or written order or standing protocol to administer drugs and devices at the medical care facility; or

5. A licensed respiratory therapist as defined in § 54.1-2954 who administers by inhalation controlled substances used in inhalation or respiratory therapy.

C. Pursuant to an oral or written order or standing protocol, the prescriber, who is authorized by state or

1039 federal law to possess and administer radiopharmaceuticals in the scope of his practice, may authorize a  
1040 nuclear medicine technologist to administer, under his supervision, radiopharmaceuticals used in the  
1041 diagnosis or treatment of disease.

1042 D. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of  
1043 his professional practice, such prescriber may authorize registered nurses and licensed practical nurses to  
1044 possess (i) epinephrine and oxygen for administration in treatment of emergency medical conditions and (ii)  
1045 heparin and sterile normal saline to use for the maintenance of intravenous access lines.

1046 Pursuant to the regulations of the Board of Health, certain emergency medical services technicians may  
1047 possess and administer epinephrine in emergency cases of anaphylactic shock.

1048 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional  
1049 practice, any school nurse, school board employee, employee of a local governing body, or employee of a  
1050 local health department who is authorized by a prescriber and trained in the administration of epinephrine  
1051 may possess and administer epinephrine.

1052 Pursuant to an order or standing protocol that shall be issued by the local health director within the course  
1053 of his professional practice, any school nurse, licensed athletic trainer under contract with a local school  
1054 division, school board employee, employee of a local governing body, or employee of a local health  
1055 department who is authorized by the local health director and trained in the administration of albuterol  
1056 inhalers and valved holding chambers or nebulized albuterol may possess or administer an albuterol inhaler  
1057 and a valved holding chamber or nebulized albuterol to a student diagnosed with a condition requiring an  
1058 albuterol inhaler or nebulized albuterol when the student is believed to be experiencing or about to experience  
1059 an asthmatic crisis.

1060 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
1061 practice, any employee of a school for students with disabilities, as defined in § 22.1-319 and licensed by the  
1062 Board of Education, or any employee of a private school that is accredited pursuant to § 22.1-19 as  
1063 administered by the Virginia Council for Private Education who is authorized by a prescriber and trained in  
1064 the administration of (a) epinephrine may possess and administer epinephrine and (b) albuterol inhalers or  
1065 nebulized albuterol may possess or administer an albuterol inhaler or nebulized albuterol to a student  
1066 diagnosed with a condition requiring an albuterol inhaler or nebulized albuterol when the student is believed  
1067 to be experiencing or about to experience an asthmatic crisis.

1068 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
1069 practice, any nurse at an early childhood care and education entity, employee at the entity, or employee of a  
1070 local health department who is authorized by a prescriber and trained in the administration of epinephrine  
1071 may possess and administer epinephrine.

1072 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
1073 practice, any employee of a public institution of higher education or a private institution of higher education  
1074 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer  
1075 epinephrine.

1076 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
1077 practice, any employee of an organization providing outdoor educational experiences or programs for youth  
1078 who is authorized by a prescriber and trained in the administration of epinephrine may possess and administer  
1079 epinephrine.

1080 Pursuant to an order or a standing protocol issued by the prescriber within the course of his professional  
1081 practice, and in accordance with policies and guidelines established by the Department of Health, such  
1082 prescriber may authorize any employee of a restaurant licensed pursuant to Chapter 3 (§ 35.1-18 et seq.) of  
1083 Title 35.1 to possess and administer epinephrine on the premises of the restaurant at which the employee is  
1084 employed, provided that such person is trained in the administration of epinephrine.

1085 Pursuant to an order issued by the prescriber within the course of his professional practice, an employee of  
1086 a provider licensed by the Department of Behavioral Health and Developmental Services or a person  
1087 providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health  
1088 and Developmental Services may possess and administer epinephrine, provided such person is authorized and  
1089 trained in the administration of epinephrine.

1090 Pursuant to an order or standing protocol issued by the prescriber within the course of his professional  
1091 practice, any employee of a place of public accommodation, as defined in subsection A of § 2.2-3904, who is  
1092 authorized by a prescriber and trained in the administration of epinephrine may possess and administer  
1093 epinephrine.

1094 Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his  
1095 professional practice, such prescriber may authorize pharmacists to possess epinephrine and oxygen for  
1096 administration in treatment of emergency medical conditions.

1097 E. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of  
1098 his professional practice, such prescriber may authorize licensed physical therapists to possess and administer  
1099 topical corticosteroids, topical lidocaine, and any other Schedule VI topical drug.

1100 F. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of

his professional practice, such prescriber may authorize licensed athletic trainers to possess and administer topical corticosteroids, topical lidocaine, or other Schedule VI topical drugs; oxygen and IV saline for use in emergency situations; subcutaneous lidocaine for wound closure; epinephrine for use in emergency cases of anaphylactic shock; and naloxone or other opioid antagonist for overdose reversal.

G. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of his professional practice, and in accordance with policies and guidelines established by the Department of Health pursuant to § 32.1-50.2, such prescriber may authorize registered nurses or licensed practical nurses under the supervision of a registered nurse to possess and administer tuberculin purified protein derivative (PPD) in the absence of a prescriber. The Department of Health's policies and guidelines shall be consistent with applicable guidelines developed by the Centers for Disease Control and Prevention for preventing transmission of mycobacterium tuberculosis and shall be updated to incorporate any subsequently implemented standards of the Occupational Safety and Health Administration and the Department of Labor and Industry to the extent that they are inconsistent with the Department of Health's policies and guidelines. Such standing protocols shall explicitly describe the categories of persons to whom the tuberculin test is to be administered and shall provide for appropriate medical evaluation of those in whom the test is positive. The prescriber shall ensure that the nurse implementing such standing protocols has received adequate training in the practice and principles underlying tuberculin screening.

The Health Commissioner or his designee may authorize registered nurses, acting as agents of the Department of Health, to possess and administer, at the nurse's discretion, tuberculin purified protein derivative (PPD) to those persons in whom tuberculin skin testing is indicated based on protocols and policies established by the Department of Health.

H. Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the Virginia Council for Private Education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administer glucagon to a student diagnosed as having diabetes and who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to perform the administration of the medication.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize the possession and administration of undesignated glucagon as set forth in subsection F of § 22.1-274.2.

Pursuant to a written order or standing protocol issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a public institution of higher education or a private institution of higher education who is trained in the administration of insulin and glucagon to assist with the administration of insulin or administration of glucagon to a student diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia. Such authorization shall only be effective when a licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to perform the administration of the medication.

Pursuant to a written order issued by the prescriber within the course of his professional practice, such prescriber may authorize an employee of a provider licensed by the Department of Behavioral Health and Developmental Services or a person providing services pursuant to a contract with a provider licensed by the Department of Behavioral Health and Developmental Services to assist with the administration of insulin or to administer glucagon to a person diagnosed as having diabetes and who requires insulin injections or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia, provided such employee or person providing services has been trained in the administration of insulin and glucagon.

I. A prescriber may authorize, pursuant to a protocol approved by the Board of Nursing, the administration of vaccines to adults for immunization, when a practitioner with prescriptive authority is not physically present, by (i) licensed pharmacists, (ii) registered nurses, or (iii) licensed practical nurses under the supervision of a registered nurse. A prescriber acting on behalf of and in accordance with established protocols of the Department of Health may authorize the administration of vaccines to any person by a pharmacist, nurse, or designated emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health under the direction of an operational medical director when the prescriber is not physically present. The emergency medical services provider shall provide documentation of the vaccines to be recorded in the Virginia Immunization Information System.

J. A dentist may cause Schedule VI topical drugs to be administered under his direction and supervision by either a dental hygienist or by an authorized agent of the dentist.

Further, pursuant to a written order and in accordance with a standing protocol issued by the dentist in the

1162 course of his professional practice, a dentist may authorize a dental hygienist under his general supervision,  
1163 as defined in § 54.1-2722, or his remote supervision, as defined in subsection E or F of § 54.1-2722, to  
1164 possess and administer topical oral fluorides, topical oral anesthetics, topical and directly applied  
1165 antimicrobial agents for treatment of periodontal pocket lesions, and any other Schedule VI topical drug  
1166 approved by the Board of Dentistry.

1167 In addition, a dentist may authorize a dental hygienist under his direction to administer Schedule VI  
1168 nitrous oxide and oxygen inhalation analgesia and, to persons 18 years of age or older, Schedule VI local  
1169 anesthesia.

1170 K. Pursuant to an oral or written order or standing protocol issued by the prescriber within the course of  
1171 his professional practice, such prescriber may authorize registered professional nurses certified as sexual  
1172 assault nurse examiners-A (SANE-A) under his supervision and when he is not physically present to possess  
1173 and administer preventive medications for victims of sexual assault as recommended by the Centers for  
1174 Disease Control and Prevention.

1175 L. This section shall not prevent the administration of drugs by a person who has satisfactorily completed  
1176 a training program for this purpose approved by the Board of Nursing and who administers such drugs in  
1177 accordance with a prescriber's instructions pertaining to dosage, frequency, and manner of administration,  
1178 and in accordance with regulations promulgated by the Board of Pharmacy relating to security and record  
1179 keeping, when the drugs administered would be normally self-administered by (i) an individual receiving  
1180 services in a program licensed by the Department of Behavioral Health and Developmental Services; (ii) a  
1181 resident of the Virginia Rehabilitation Center for the Blind and Vision Impaired; (iii) a resident of a facility  
1182 approved by the Board or Department of Juvenile Justice for the placement of children in need of services or  
1183 delinquent or alleged delinquent youth; (iv) a program participant of an adult day center licensed by the  
1184 Department of Social Services; (v) a resident of any facility authorized or operated by a state or local  
1185 government whose primary purpose is not to provide health care services; (vi) a resident of a private  
1186 children's residential facility, as defined in § 63.2-100 and licensed by the Department of Social Services,  
1187 Department of Education, or Department of Behavioral Health and Developmental Services; or (vii) a student  
1188 in a school for students with disabilities, as defined in § 22.1-319 and licensed by the Board of Education.

1189 In addition, this section shall not prevent a person who has successfully completed a training program for  
1190 the administration of drugs via percutaneous gastrostomy tube approved by the Board of Nursing and been  
1191 evaluated by a registered nurse as having demonstrated competency in administration of drugs via  
1192 percutaneous gastrostomy tube from administering drugs to a person receiving services from a program  
1193 licensed by the Department of Behavioral Health and Developmental Services to such person via  
1194 percutaneous gastrostomy tube. The continued competency of a person to administer drugs via percutaneous  
1195 gastrostomy tube shall be evaluated semiannually by a registered nurse.

1196 M. Medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et seq.) of  
1197 Chapter 30 may administer drugs that would otherwise be self-administered to residents of any assisted living  
1198 facility licensed by the Department of Social Services. A registered medication aide shall administer drugs  
1199 pursuant to this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and  
1200 manner of administration; in accordance with regulations promulgated by the Board of Pharmacy relating to  
1201 security and recordkeeping; in accordance with the assisted living facility's Medication Management Plan;  
1202 and in accordance with such other regulations governing their practice promulgated by the Board of Nursing.

1203 N. *Advanced medication aides registered by the Board of Nursing pursuant to Article 7 (§ 54.1-3041 et*  
1204 *seq.) of Chapter 30 may administer drugs that would be administered by a registered medication aide*  
1205 *pursuant to subsection M, in addition to drugs determined permissible by the Board of Nursing, in a nursing*  
1206 *home licensed by the Department of Health. Advanced medication aides shall administer drugs pursuant to*  
1207 *this section in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of*  
1208 *administration; in accordance with regulations promulgated by the Board of Pharmacy relating to security*  
1209 *and recordkeeping; in accordance with the licensed nursing home's policies and procedures; and in*  
1210 *accordance with such other regulations governing their practice promulgated by the Board of Nursing.*

1211 O. In addition, this section shall not prevent the administration of drugs by a person who administers such  
1212 drugs in accordance with a physician's instructions pertaining to dosage, frequency, and manner of  
1213 administration and with written authorization of a parent, and in accordance with school board regulations  
1214 relating to training, security and record keeping, when the drugs administered would be normally  
1215 self-administered by a student of a Virginia public school. Training for such persons shall be accomplished  
1216 through a program approved by the local school boards, in consultation with the local departments of health.

1217 P. In addition, this section shall not prevent the administration of drugs by a person to (i) a child in a  
1218 child day program as defined in § 22.1-289.02 and regulated by the Board of Education or a local government  
1219 pursuant to § 15.2-914, or (ii) a student of a private school that is accredited pursuant to § 22.1-19 as  
1220 administered by the Virginia Council for Private Education, provided such person (a) has satisfactorily  
1221 completed a training program for this purpose approved by the Board of Nursing and taught by a registered  
1222 nurse, a licensed practical nurse, an advanced practice registered nurse, a physician assistant, a doctor of

medicine or osteopathic medicine, or a pharmacist; (b) has obtained written authorization from a parent or guardian; (c) administers drugs only to the child identified on the prescription label in accordance with the prescriber's instructions pertaining to dosage, frequency, and manner of administration; and (d) administers only those drugs that were dispensed from a pharmacy and maintained in the original, labeled container that would normally be self-administered by the child or student, or administered by a parent or guardian to the child or student.

~~P.~~ *Q.* In addition, this section shall not prevent the administration or dispensing of drugs and devices by persons if they are authorized by the State Health Commissioner in accordance with protocols established by the State Health Commissioner pursuant to § 32.1-42.1 when (i) the Governor has declared a disaster or a state of emergency, the United States Secretary of Health and Human Services has issued a declaration of an actual or potential bioterrorism incident or other actual or potential public health emergency, or the Board of Health has made an emergency order pursuant to § 32.1-13 for the purpose of suppressing nuisances dangerous to the public health and communicable, contagious, and infectious diseases and other dangers to the public life and health and for the limited purpose of administering vaccines as an approved countermeasure for such communicable, contagious, and infectious diseases; (ii) it is necessary to permit the provision of needed drugs or devices; and (iii) such persons have received the training necessary to safely administer or dispense the needed drugs or devices. Such persons shall administer or dispense all drugs or devices under the direction, control, and supervision of the State Health Commissioner.

~~Q.~~ *R.* Nothing in this title shall prohibit the administration of normally self-administered drugs by unlicensed individuals to a person in his private residence.

~~R.~~ *S.* This section shall not interfere with any prescriber issuing prescriptions in compliance with his authority and scope of practice and the provisions of this section to a Board agent for use pursuant to subsection G of § 18.2-258.1. Such prescriptions issued by such prescriber shall be deemed to be valid prescriptions.

~~S.~~ *T.* Nothing in this title shall prevent or interfere with dialysis care technicians or dialysis patient care technicians who are certified by an organization approved by the Board of Health Professions or persons authorized for provisional practice pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.), in the ordinary course of their duties in a Medicare-certified renal dialysis facility, from administering heparin, topical needle site anesthetics, dialysis solutions, sterile normal saline solution, and blood volumizers, for the purpose of facilitating renal dialysis treatment, when such administration of medications occurs under the orders of a licensed physician, an advanced practice registered nurse, or a physician assistant and under the immediate and direct supervision of a licensed registered nurse. Nothing in this chapter shall be construed to prohibit a patient care dialysis technician trainee from performing dialysis care as part of and within the scope of the clinical skills instruction segment of a supervised dialysis technician training program, provided such trainee is identified as a "trainee" while working in a renal dialysis facility.

The dialysis care technician or dialysis patient care technician administering the medications shall have demonstrated competency as evidenced by holding current valid certification from an organization approved by the Board of Health Professions pursuant to Chapter 27.01 (§ 54.1-2729.1 et seq.).

~~T.~~ *U.* Persons who are otherwise authorized to administer controlled substances in hospitals shall be authorized to administer influenza or pneumococcal vaccines pursuant to § 32.1-126.4.

~~U.~~ *V.* Pursuant to a specific order for a patient and under his direct and immediate supervision, a prescriber may authorize the administration of controlled substances by personnel who have been properly trained to assist a doctor of medicine or osteopathic medicine, provided the method does not include intravenous, intrathecal, or epidural administration and the prescriber remains responsible for such administration.

~~V.~~ *W.* A physician assistant, nurse, dental hygienist, or authorized agent of a doctor of medicine, osteopathic medicine, or dentistry may possess and administer topical fluoride varnish pursuant to an oral or written order or a standing protocol issued by a doctor of medicine, osteopathic medicine, or dentistry.

~~W.~~ *X.* A prescriber, acting in accordance with guidelines developed pursuant to § 32.1-46.02, may authorize the administration of influenza vaccine to minors by a licensed pharmacist, registered nurse, licensed practical nurse under the direction and immediate supervision of a registered nurse, or emergency medical services provider who holds an advanced life support certificate issued by the Commissioner of Health when the prescriber is not physically present.

~~X.~~ *Y.* Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, a pharmacist, a health care provider providing services in a hospital emergency department, and emergency medical services personnel, as that term is defined in § 32.1-111.1, may dispense naloxone or other opioid antagonist used for overdose reversal and a person to whom naloxone or other opioid antagonist has been dispensed pursuant to

1284 this subsection may possess and administer naloxone or other opioid antagonist used for overdose reversal to  
1285 a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.  
1286 Law-enforcement officers as defined in § 9.1-101, employees of the Department of Forensic Science,  
1287 employees of the Office of the Chief Medical Examiner, employees of the Department of General Services  
1288 Division of Consolidated Laboratory Services, employees of the Department of Corrections designated by the  
1289 Director of the Department of Corrections or designated as probation and parole officers or as correctional  
1290 officers as defined in § 53.1-1, employees of the Department of Juvenile Justice designated as probation and  
1291 parole officers or as juvenile correctional officers, employees of regional jails, employees of any state agency,  
1292 school nurses, local health department employees that are assigned to a public school pursuant to an  
1293 agreement between the local health department and the school board, school board employees who have  
1294 completed training and are certified in the administration of an opioid antagonist for overdose reversal by a  
1295 program administered or authorized by the Department of Health, other school board employees or  
1296 individuals contracted by a school board to provide school health services, and firefighters may also possess  
1297 and administer naloxone or other opioid antagonist used for overdose reversal and may dispense naloxone or  
1298 other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a  
1299 prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with  
1300 protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the  
1301 Department of Health.

1302 Notwithstanding the provisions of § 54.1-3303, pursuant to an oral, written, or standing order issued by a  
1303 prescriber or a standing order issued by the Commissioner of Health or his designee authorizing the  
1304 dispensing of naloxone or other opioid antagonist used for overdose reversal in the absence of an oral or  
1305 written order for a specific patient issued by a prescriber, and in accordance with protocols developed by the  
1306 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health, any person  
1307 may possess and administer naloxone or other opioid antagonist used for overdose reversal, other than  
1308 naloxone in an injectable formulation with a hypodermic needle or syringe, in accordance with protocols  
1309 developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of  
1310 Health.

1311 ~~Y.~~ Z. Notwithstanding any other law or regulation to the contrary, a person who is acting on behalf of an  
1312 organization that provides services to individuals at risk of experiencing an opioid overdose or training in the  
1313 administration of naloxone for overdose reversal may dispense naloxone, provided that such dispensing is (i)  
1314 pursuant to a standing order issued by a prescriber and (ii) in accordance with protocols developed by the  
1315 Board of Pharmacy in consultation with the Board of Medicine and the Department of Health. If the person  
1316 acting on behalf of an organization dispenses naloxone in an injectable formulation with a hypodermic needle  
1317 or syringe, he shall first obtain authorization from the Department of Behavioral Health and Developmental  
1318 Services to train individuals on the proper administration of naloxone by and proper disposal of a hypodermic  
1319 needle or syringe, and he shall obtain a controlled substance registration from the Board of Pharmacy. The  
1320 Board of Pharmacy shall not charge a fee for the issuance of such controlled substance registration. The  
1321 dispensing may occur at a site other than that of the controlled substance registration provided the entity  
1322 possessing the controlled substances registration maintains records in accordance with regulations of the  
1323 Board of Pharmacy. No person who dispenses naloxone on behalf of an organization pursuant to this  
1324 subsection shall charge a fee for the dispensing of naloxone that is greater than the cost to the organization of  
1325 obtaining the naloxone dispensed. A person to whom naloxone has been dispensed pursuant to this subsection  
1326 may possess naloxone and may administer naloxone to a person who is believed to be experiencing or about  
1327 to experience a life-threatening opioid overdose.

1328 ~~Z.~~ AA. A person who is not otherwise authorized to administer naloxone or other opioid antagonist used  
1329 for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a  
1330 person who is believed to be experiencing or about to experience a life-threatening opioid overdose.

1331 ~~AA.~~ BB. Pursuant to a written order or standing protocol issued by the prescriber within the course of his  
1332 professional practice, such prescriber may authorize, with the consent of the parents as defined in § 22.1-1, an  
1333 employee of (i) a school board, (ii) a school for students with disabilities as defined in § 22.1-319 licensed by  
1334 the Board of Education, or (iii) a private school accredited pursuant to § 22.1-19 as administered by the  
1335 Virginia Council for Private Education who is trained in the administration of injected medications for the  
1336 treatment of adrenal crisis resulting from a condition causing adrenal insufficiency to administer such  
1337 medication to a student diagnosed with a condition causing adrenal insufficiency when the student is believed  
1338 to be experiencing or about to experience an adrenal crisis. Such authorization shall be effective only when a  
1339 licensed nurse, an advanced practice registered nurse, a physician, or a physician assistant is not present to  
1340 perform the administration of the medication.

1341 **§ 54.1-3466. Possession or distribution of controlled paraphernalia; definition of controlled**  
1342 **paraphernalia; evidence; exceptions.**

1343 A. For purposes of this chapter, "controlled paraphernalia" means (i) a hypodermic syringe, needle, or  
1344 other instrument or implement or combination thereof adapted for the administration of controlled dangerous

substances by hypodermic injections under circumstances that reasonably indicate an intention to use such controlled paraphernalia for purposes of illegally administering any controlled drug or (ii) gelatin capsules, glassine envelopes, or any other container suitable for the packaging of individual quantities of controlled drugs in sufficient quantity to and under circumstances that reasonably indicate an intention to use any such item for the illegal manufacture, distribution, or dispensing of any such controlled drug. Evidence of such circumstances shall include, but not be limited to, close proximity of any such controlled paraphernalia to any adulterants or equipment commonly used in the illegal manufacture and distribution of controlled drugs including, but not limited to, scales, sieves, strainers, measuring spoons, staples and staplers, or procaine hydrochloride, mannitol, lactose, quinine, or any controlled drug, or any machine, equipment, instrument, implement, device, or combination thereof that is adapted for the production of controlled drugs under circumstances that reasonably indicate an intention to use such item or combination thereof to produce, sell, or dispense any controlled drug in violation of the provisions of this chapter. "Controlled paraphernalia" does not include narcotic testing products used to determine whether a controlled substance contains fentanyl or a fentanyl analog.

B. Except as authorized in this chapter, it is unlawful for any person to possess controlled paraphernalia.

C. Except as authorized in this chapter, it is unlawful for any person to distribute controlled paraphernalia.

D. A violation of this section is a Class 1 misdemeanor.

E. The provisions of this section shall not apply to persons who have acquired possession and control of controlled paraphernalia in accordance with the provisions of this article or to any person who owns or is engaged in breeding or raising livestock, poultry, or other animals to which hypodermic injections are customarily given in the interest of health, safety, or good husbandry; or to hospitals, physicians, pharmacists, dentists, podiatrists, veterinarians, funeral directors and embalmers, persons to whom a permit has been issued, manufacturers, wholesalers, or their authorized agents or employees when in the usual course of their business, if the controlled paraphernalia lawfully obtained continue to be used for the legitimate purposes for which they were obtained.

F. The provisions of this section and of § 18.2-265.3 shall not apply to (i) a person who dispenses naloxone in accordance with the provisions of subsection ~~Y~~ Z of § 54.1-3408 and who, in conjunction with such dispensing of naloxone, dispenses or distributes hypodermic needles and syringes for injecting such naloxone or (ii) a person who possesses naloxone that has been dispensed in accordance with the provisions of subsection ~~Y~~ Z of § 54.1-3408 and possesses hypodermic needles and syringes for injecting such naloxone in conjunction with such possession of naloxone.

G. The provisions of this section and of § 18.2-265.3 shall not apply to (i) a person who possesses or distributes controlled paraphernalia on behalf of or for the benefit of a comprehensive harm reduction program established pursuant to § 32.1-45.4 or (ii) a person who possesses controlled paraphernalia obtained from a comprehensive harm reduction program established pursuant to § 32.1-45.4.

**§ 54.1-3467. Distribution of hypodermic needles or syringes, gelatin capsules, quinine or any of its salts.**

A. Distribution by any method, of any hypodermic needles or syringes, gelatin capsules, quinine or any of its salts, in excess of one-fourth ounce shall be restricted to licensed pharmacists or to others who have received a license or a permit from the Board.

B. Nothing in this section shall prohibit the dispensing or distributing of hypodermic needles and syringes by persons authorized by the State Health Commissioner pursuant to a comprehensive harm reduction program established pursuant to § 32.1-45.4 who are acting in accordance with the standards and protocols of such program for the duration of the declared public health emergency.

C. Nothing in this section shall prohibit the dispensing or distributing of hypodermic needles and syringes by persons authorized to dispense naloxone in accordance with the provisions of subsection ~~Y~~ Z of § 54.1-3408 and who, in conjunction with such dispensing of naloxone, dispenses or distributes hypodermic needles and syringes. Nothing in this section shall prohibit the dispensing of hypodermic needles and syringes for the administration of prescribed drugs by prescribers licensed to dispense Schedule VI controlled substances at a nonprofit facility pursuant to § 54.1-3304.1.

D. Notwithstanding the provisions of subsection A, nothing in this section shall prohibit the distribution of hypodermic needles that are designed to be used with a reusable injector pen for the administration of insulin.

**2. That the fourth and fifth enactments of Chapter 284 of the Acts of Assembly of 2024 are amended and reenacted as follows:**

**4. That the Department of Health shall promulgate regulations to authorize medication aides registered by the Board of Nursing (the Board) to administer drugs as determined permissible by the Board for administration to residents in a certified nursing facility home licensed by the Department of Health to be effective as of July 1 December 15, 2025. Such regulations shall be exempt from the requirements of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).**

**5. That the Board of Nursing shall promulgate regulations to implement the provisions of this act to be effective as of July 1 December 15, 2025. Such regulations shall be exempt from the requirements of**

1406 *the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia).*